



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Medicaid & Medical Assistance

DE-Rx NASHP
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Drug Costs- what is the cost net or gross?

- New mechanisms of action
- Biologicals
- Gene therapy
- Price increases



PIPELINE TO PROFITS: HOW DRUG MIDDLEMEN MAKE THEIR MONEY

The path of prescription drugs from the factory to the patient is complicated. Here, Julie Appleby of Kaiser Health News explains how money flows through the system and contributes to the cost of a 30-day supply of a hypothetical brand-name medicine.

KEY PRICES IN THE PROCESS

After a drugmaker develops a brand-name product and wins marketing approval, there are two key prices that it needs to begin selling:

LIST PRICE (WAC)

Set by drugmakers, this wholesale acquisition cost or WAC covers research, production and profits

$$\$250 + 20\% = \$300$$

WHOLESALE PRICE (AWP)

Called average wholesale price or AWP, it's the WAC multiplied by a set percentage.

Generally known as "ain't what's paid" — as you'll see in the chart below.

THE PATIENT



Those with insurance pay an amount set by their benefit plan. Two common methods:

\$25 CO-PAYMENT

INSURED

A percentage of the cost of the drug.

Flat-dollar co-payments, say \$10 to \$50 per prescription.

\$300 NET PAID OUT¹

UNINSURED

Depending on the pharmacy, some might pay less, while others pay more.

¹—The price may be lowered by manufacturer or pharmacy discount programs.

INSURER OR EMPLOYER

Employers/insurers sign contracts with pharmacy benefit managers that include specific formulas for how much they reimburse PBMs for the cost of each prescription, generally an amount 15% to 22% below AWP. They sometimes also get rebates from drugmakers that are funneled through the PBM.

\$232 REIMBURSEMENT TO PBM

REBATE FROM DRUGMAKER

-\$50

PAID BY INSURER/EMPLOYER FOR THE DRUG

\$182

PHARMACY BENEFIT MANAGER (PBM)

A firm hired by insurers or employers to manage claims, set up networks of pharmacies, create drug formularies and negotiate discounts and rebates with drug makers.

PBMs are reimbursed by insurer/employers amounts that are generally above what the PBM has paid pharmacies. They can also collect rebates from manufacturers.

PBM payments to the pharmacy are based on a percentage of the AWP, which is higher than the list price, even though no one has actually paid that amount.

\$229 PAID TO PHARMACY

REIMBURSEMENT FROM INSURER OR EMPLOYER

\$3

REBATE FROM DRUGMAKER

+ \$12.50

NET RECEIVED BY PBM

\$15.50

REBATE TO INSURER AND BENEFIT MANAGER

$$\$50 + \$12.50 = \$62.50$$

The PBM has negotiated a rebate on this particular drug. Drugmakers sometimes offer rebates in order to win favorable spots on an insurer's or PBM's formulary, so more patients take their drugs.

Rebates range widely, but can be 25% or more of the drug's WAC. In this case, let's assume the PBM gets back 25%, or \$62.50.

THE PHARMACY

The contract between the pharmacy and wholesaler for brand-name drugs generally sets a price below the WAC.

Makes different payment arrangements are set for generics.

\$250 WAC

- 4%

PAYMENT TO WHOLESALER

+\$229

REIMBURSEMENT FROM PBM

+\$25

PAYMENT CO-PAY

NET RECEIVED BY PHARMACY

\$14

THE WHOLESALER

The contract between the drugmaker and the wholesaler discounts the WAC price by 2% to 5%.

\$250 WAC

- 5%

PAID TO DRUGMAKER

\$237.50

PRICE PAID BY PHARMACY

+\$240

NET RECEIVED BY WHOLESALER

\$2.50

THE DRUGMAKER

FROM WHOLESALER

\$237.50

REBATE TO INSURERS AND PBMs

-\$62.50

NET RECEIVED BY DRUGMAKER

\$175

THE REBATES

Coordinated approach to benefit design

- Delaware Health Care Commission
- DMMA
- State Benefit Office
- Department of Corrections
- Division of Public Health
- CCHS
- Bayhealth

High Dollar Medications or High Volume?

- Anticoagulants
- Antipsychotic
- Bronchodilators-
- Cytokine and CAM Antagonists
- Diabetic Therapies- Insulins and Incretin Mimetics
- Hepatitis C
- Movement Disorder
- Multiple Sclerosis
- Opioid, Long Acting

Replicated in other states?

- Similar parties
- Similar barriers
- Replicate processes
- Shared lessons learned